

# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/772,857
Filing Date	February 4, 2004
First Named Inventor	Michael Zimmermann
Art Unit	1723
Examiner Name	WOOD, ELIZABETH D
Attorney Docket Number	019433-000620US

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: At client's request.

## **CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Jeffrey S. Abel Larson Newman Abel Polansky & White LLP		
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Name	Mark D. Barrish	Registration No.	36,443
Date	November 16, 2007	Telephone No.	(650) 326-2400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.